SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

Page 1 of 17

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COVER PAGE

1, NAME OF COMMITTEE				
Razzono for City Council				
2. TREASURER NAME				
First SVLO OVY	MI	Last Piecuch		Suffix
		I Process		
3. TREASURER ADDRESS Street Address	/ City			Zip Code
777 Main	Street	Hartford	State	00103
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete onl	ly if Cundidate Committee)		6. DISTRICT NUMBER
(mm/dd/yyyy) 11 5 2019	City Ca	mai((if applicable)
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Committee)		And the second s	
First	Mi	Last RAFFAMACI		Suffix
8. TYPE OF REPORT (Check One Box)		1 1/2 0. 6 10-460		
☐ January 10 filing	☐ 7th day preceding primary	☐ 7th day preceding referendum		ibution or Disbursement
☐ April 10 filing	☐ 30 days following primary	☐ 45 days following referendum	(PACs ONLY) ☐ Amendment	t to
☐ July 10 filing	☐ 7th day preceding election	☐ Deficit	Type of Rep	ort:
October 10 filing	☐ 12th day preceding election (State Central Committees Only)	☐ Termination		
☐ 24 Hour Independent Expenditure O Primary O Election	☐ 45 days following election not held in November			
9. PERIOD COVERED				
	Beginning Date	Ending Date		
-	7/21/2019	thru 9/30/201	9	
10. CERTIFICATION			And the second s	
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. TREASURER OR DEPUTY TREASURER (SIGNATURE) PRINT NAME OF SIGNER DATE (mm/dd/yyyy)				
A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.				

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Ifiling Repository)	TYPE OF REPORT	
Se 7-70 no to Cit Caucil	10-10-2019	
7	COLUMN A This Period	COLUMN B Aggregate
 Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees 		4
12. Balance on hand at the beginning of Reporting Period	Ø	
13. Contributions Received from Individuals (Sections A and B)	G,730.	6.730,-
14. Receipts from Other Committees (Sections C1 and C2)	Nijeaweinender	and the state of t
15. Other Monetary Receipts (Sections D through K)	agent de description	
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		₂₀₀ algorithm (confidence on the confidence on
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)		and the second s
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	G,730.	6,730.
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	G,730.00	6730.
19. Expenses Paid by Committee (Section P)	850, 87	850,8 1
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	5,879,13	5,879.13
21. In-Kind Donations not Considered Contributions Received (Section L4)		P
22. In-Kind Donations not Considered Contributions — House Party (Section L5)		
23. In-Kind Contributions Received (Section M)		
24. Refundable Deposit to Telephone Company (Section N)		
25. Loan Balance		
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c Payments on Loan		
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)		•
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Bottano de City Courcel	10-10-2019
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ 680.00
B. Itemized Contributions from Indi	viduals
Last Name First Richard	MI
Residential Street Address 450 Maple Ave City Old Say	State Zip Code (OVERALL CT OLE 47)
Principal Occupation Rame of Employer (1) annum	Sendet (10
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contra	tive officer of a municipality, act with said municipality Amount of Contribution
valued at more than \$5,000? ☐ Yes ☐ No ls this contribution associated with an ☐ Yes Is contributor a principal of a state contractor or prospective state.	o tate contractor?
event reported in Section L1?	ve 🗆 Legislative
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Card □ Payroll Deduction □ Date Received	Aggregate Contributions .
Last Name Hilling First Hav 14) МІ
Residential Street Address 470 Ellune to Rol S. (1) 20187	State Zip Code
Principal Occupation Name of Employer	in O kinner
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief execut does contributor or business he/she is associated with have a contravalued at more than \$5,000?	ct with said municipality
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective sof government the contract is with: Executive	tate contractor?
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Last Name First MO7/2	MI
Residential Street Address City Comparison City City C	State Zip Code (7 06105
Name of Employer	
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TOTAL of additional Section B	Pages 5,470,
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections (Enter total on Line 13, Column A of Summary Page	

Section B ADDITIONAL PAGE \ of \ \[\lambda \]

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Battano for City Carcil	10-10-19	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$	
B. Itemized Contributions from Individual	duals	
Last Name First	MI	
6 milmette 10000		
Residential Street Address City	State Zip Code	
Principal Occupation Name of Employer	800 41 00019	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	e officer of a municipality, with said municipality	
Is this contribution associated with an cvent reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state cvent reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state cvent reported in Section L1?	□ No	
	Legislative /	
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Last Name First 7	MI	
Capenera 120lph		
Residential Street Address City	State Zip Code	
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Principal Occupation Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	officer of a municipality, Amount of Contribution with said municipality	
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Residential Street Address City	State Zip Code	
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Principal Occupation Name of Employer		
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page 7		

NAME OF COMMITTEE (Provide Complete Name a	s Registe re d with Filing Repository)	TYPE OF REPORT	
Se 77ano	to Cets Carrell	10-10-2019	
A. Total Contributions from Sm: (See instructions for definition of Small Co.	all Contributors-Received this Period O ntributor) SUBTOTAL SECTI	Control of the Contro	
	B. Itemized Contributions from	Individuals	
Last Name (NV 15 to ffu c	First	Aug_ MI	
Residential Street Address 5 7 Garfield	1 Ped Redux	State Zip Code 7 Old Ca 7	
Principal Occupation	Name of Employ	er A D Liz Selecciti	
Is contributor a lobbyist, spouse,	Contribution is in excess of \$400 to a candidate for a chie	f executive officer of a municipality, Amount of Contribution	
or dependent child of a lobbyist?	oes contributor or business he/she is associated with have alued at more than \$5,000?		
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If yes, list Event # Method of Contribution:	of government the contract is with:	xecutive Legislative	
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Last Name	First	riel	
Residential Street Address	(k D) City	in e kn State Zip Code	
Principal Occupation	Name of Employe		
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NAME OF COMMITTEE (Provide Complete Name as	s Regisjered with Filing Repository)		TYPE OF REPORT	
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A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$	Annual Control of the	
	B. Itemized Cont	tributions from Individ	duals	
Last Name	The second secon	First		MI
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Residential Street Address		ty CIAP-01	- A	State Zip Code
Principal Occupation	160	Name of Employer	1	(16652
Sales		Name and Associated Street, Na	errices	
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Residential Street Address	Cit	ty		State Zip Code
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TOTAL OF ALL	CONTRIBUTIONS FROM I (Enter total on Line 13,	NDIVIDUALS (Sections A Column A of Summary Page T		

NAME OF COMMITTEE (Provide Complete Name as	Registered with Filing Repository)		TYPE OF REPORT	
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A. Total Contributions from Smal (See instructions for definition of Small Cont	and the second s	ved this Period ONLY SUBTOTAL SECTION A	\$ was	omik 85 pronounna i 2007 espanius seuronal recornal 1945 (il il
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	B. Itemized Co	ontributions from Indivi	duals	
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Residential Street Address Shul As	A.	City Hart for	d	State Zip Code COG / (4
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Last Name Zdon		First Deber	f	MI
Residential Street Address 183	ill Rd	City Madison	S	tate Zip Code COUSS
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or dependent child of a lobbyist? No doe		to a candidate for a chief executive is associated with have a contract \(\sqrt{Yes} \sqrt{No} \)	officer of a municipality,	Amount of Contribution
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TOTAL OF ALL		M INDIVIDUALS (Sections A 13, Column A of Summary Page 1		water

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of	60

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT			
Bazzano ta Ceta Canal 10-10-19			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			
B. Itemized Contributions from Individuals			
ast Name Braut First MI			
City State Zip Code TO Bloomfield Ave Bloomfield City City City Code			
rincipal Occupation Name of Employer RILL ROLL HORE			
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality Amount of Contribution Contribution			
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TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)			

SEEC FORM 20 ,

Section B ADDITIONAL PAGE ______ of ______

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/	\mathbf{of}	16

NAME OF COMMITTEE (Provide Complete Nam	e as Registered with Filing Repository)		TYPE OF REPORT	
Bozzano-	a- City Course	(10-1	<u> </u>
A. Total Contributions from Si (See instructions for definition of Small)	and the second s	is Period ONLY OTAL SECTION A	\$	and the second s
	B. Itemized Contrib	utions from Indivi	duals	
Last Name	Fir	Icna	than	MI
Residential Street Address 124 Celd Smire	Xino S.	Glasten	Sur (State Zip Code
Principal Occupation		Name of Employer		man and a second
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a can does contributor or business he/she is associated at more than \$5,000?	ididate for a chief executive ciated with have a contract	e officer of a municipality with said municipality	/, Amount of Contribution
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Is contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400 to a can		officer of a municipality	Amount of Contribution
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Is contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400 to a cane	didate for a chief executive	CONS FE	Uniters .
or dependent child of a lobbyist?	does contributor or business he/she is assoc valued at more than \$5,000?	iated with have a contract v	with said municipality	, Amount of Contribution
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TOTAL OF A	L CONTRIBUTIONS FROM INDI (Enter total on Line 13, Colu			The second secon

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Bazzano da Cete (macil	10-10-19
A. Total Contributions from Small Contributors-Received this Period C (See instructions for definition of Small Contributor) SUBTOTAL SECT	The property of the state of th
B. Itemized Contributions fron	n Individuals
Last Name First AL	MI
Residential Street Address // City	State Zip Code
1 Recency Dive #109 Rloevy	Field of 10002
Principal Occupation Name of Emplo Real Forte	Klofsky Appreisal
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a child does contributor or business he/she is associated with have valued at more than \$5,000?	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospevent reported in Section L1? If yes, indicate which branch or branches	pective state contractor?
	Executive Legislative
Method of Contribution: Date Received Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Cy/(Aggregate Contributions
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Arrishovich (U.	liam
Residential Street Address City	State Zip Code
Principal Occupation Name of Emplo	favel (augs)
ivanie of Employ	yer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of does contribution is in excess of \$400 to a candidate for a chied does contributor or business he/she is associated with have valued at more than \$5,000?	ef executive officer of a municipality, a contract with said municipality No
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prosp	
event reported in Section L1? Jyes, list Event # No If yes, indicate which branch or branches of government the contract is with:	Executive Legislative
Method of Contribution: Date Received	Aggregate Contributions
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □	100 100.
Last Name First	MI
Residential Street Address City	Ver Tool
320 Frace Lane S. W	State Zip Code
Principal Occupation Name of Employ	yer ((CO 74)
Consultine	7 C. Tu
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chie does contributor or business he/she is associated with have valued at more than \$5,000?	f executive officer of a municipality, a contract with said municipality
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective in Section L1? If yes, indicate which branch or branches	ective state contractor?
## If yes, list Event # of government the contract is with: Method of Contribution: Date Received	Executive Legislative Aggregate Contributions
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order S / S /	250.
SUBTOTAL Section B	This Page 600.
TOTAL of additional Sec	tion B Pages
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (S (Enter total on Line 13, Column A of Summ	

4	of	10

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT
Harrano for City Council 10-10-2019
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A
B. Itemized Contributions from Individuals
ast Name First MI
Cemnotis Peter
Residential Street Address City / New State Zip Code
191 Arch ST. Hartferd Britain C1 OccosT
rincipal Occupation Name of Employer
s contributor a lobbyist, spouse,
r dependent child of a lobbyist? Ano does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor? Yes
event reported in Section L1?
#############################
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Card ☐ Payroll Deduction ☐ Money Order ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
ast Name First MI
Tau Paul
esidential Street Address City State Zip Code
1 1EVV1480N / A. Grandy (1 106055
rincipal Occupation Name of Employer
"I rèsident Licha Livery
contributor a lobbyist, spouse, r dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of Contribution
this contribution associated with an vent reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches No of government the contract is with: Executive Legislative
Acthod of Contribution: Date Received Aggregate Contributions
Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ 9 / (
ast Name First MI
(comeo) Frank
esidential Street Address City State Zip Code
162 Henters En Newnyton 07 06/11
rincipal Occupation Name of Employer
Atterney Self
contributor a lobbyist, spouse dependent child of a lobbyist? Yes dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of Contribution
this contribution associated with an
######################
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 9/6
SUBTOTAL Section B — This Page
TOTAL of additional Section B Pages
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
(Enter total on Line 13, Column A of Summary Page Totals)

Section B ADDITIONAL PAGE ____ of _/O

NAME OF COMMITTEE (Provide Complete Nam	ne as Registered with Filing Repository)		TYPE OF REPORT	
15077AVIO	far Cix,	Caural	10-10	2-2019
A. Total Contributions from S (See instructions for definition of Small		ved this Period ONLY SUBTOTAL SECTION A	\$	and the formal of the first of
loce maracrons jor acriminar of Small	Controllory	SUDTOTAL SUCTION A		
Last Name & f	B. Itemized Co	ntributions from Individ		
		First	ρς	MI
Residential Street Address		los UMW (
Acsidential Street Address	16+ 20	City // //	J.S.	tate Zip Code
Principal Occupation	oci /ne	L/thu/truck		(DG10)
		Name of Employer		
Is contributor a lobbyist, spouse,			200	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she	is associated with have a contract	with said municipality,	Amount of Contribution
Is this contribution associated with an	valued at more than \$5,000?	☐ Yes ☐ No		
event reported in Section L1?	No If yes, indicate which brai		No	
If yes, list Event #	of government the contrac		☐ Legislative	
Method of Contribution: ☐ Cash ☐ Dersonal Check ☐ Credit/Debit C	Sal Cin. up to: City	Date Received	Aggregate Contributions	200.
	ard Payron Deduction Invioney	No. or angle of the Contract o	<u>(</u>	
Last Name	,	First	. 1 .	MI
Residential Street Address		<u> </u>		
The state of the s	4000	City 140 +P	Si	ate Zip Code
Principal Occupation	J Mului	Name of Employer		(0610)
		Name of Employer		
Is contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400	to a candidate for a chief evacutive	officer of a municipality	
or dependent child of a lobbyist?	does contributor or business he/she	is associated with have a contract v	with said municipality	Amount of Contribution
Is this contribution associated with an \(\square\)	valued at more than \$5,000?	☐ Yes ☐ No		
event reported in Section L1?	No If yes, indicate which brai		e contractor?	. 1
If yes, list Event #	of government the contrac		_	100.
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard Payroll Deduction DMoney	44000	Aggregate Contributions	
Last Name 1	and Entryfoli Beddedoli Enviolicy	First 1	200	MI
Mantenners.	,	Palan		1011
Residential Street Address	7 1	City / C	St	ate Zip Code
Theo Prospett	+ ALO	Hartfall	1	7 06101
Principal Occupation		Name of Employer		(Let Let
Pa		RPCI	U	
Is contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400	to a candidate for a chief executive	officer of a municipality,	Amount of Contribution
or dependent child of a lobbyist?	does contributor or business he/she valued at more than \$5,000?	is associated with have a contract v	with said municipality	
Is this contribution associated with an Y		state contractor or prospective state	contractor?	
event reported in Section L1?	No If yes, indicate which bran	ich or branches	□ No	and the second s
Method of Contribution:	of government the contrac		Legislative Aggregate Contributions	100.
☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard □Payroll Deduction □Money	1 / 1	100	Manuscript Annicement of
			The state of the s	
	SUBT	OTAL Section B — This 1	rage 4)00.
	TOTAL	of additional Section B Pa	ages	The state of the s
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line 1	I INDIVIDUALS (Sections A 3, Column A of Summary Page T		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Rotzano der GF Ca	Eurcil	10-10-	2019
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$	
B. Itemized Co	ntributions from Indivi	duals	
Last Name Week Ora	First Discharge		MI
Residential Street Address	City /		State Zip Code
1314 Asylum Ave	Hartford		7 06/01
Principal Occupation St. Engineer Brueyer	Name of Employer	Admin	,
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a If yes, indicate which bra of government the contra		e contractor?	
Method of Contribution	Date Received	Aggregate Contributions	100.
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Order 9/9	100	
Last Name Addeyne	First	th	MI
Residential Street Address 837 PVSORCE AR	City Hert Ford		tate Zip Code
Principal Occupation	Name of Employer	Horai	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract	e officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a lf yes, indicate which brateful of government the contral section L1?		ie contractor?	
Method of Contribution:	Date Received	Aggregate Contributions	150
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 9/13	252	
Last Name	First		MI
Residential Street Address	City	S	tate Zip Code
Principal Occupation	Name of Employer		1
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes No	e officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contrar		e contractor?	
Method of Contribution:	Date Received	Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order		
SUB')	FOTAL Section B — This	Page	350.7
TOTA	of additional Section B P	lages	
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	A INDIVIDUALS (Sections A		

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Giling Repository)	TYPE OF REPORT	
	a77000 to City (orner)	10-10	-2019
	P. Expenses Paid by Committee	SCHOOL STATE OF THE SCHOOL	
Name of Payee Street Address	Endet Printers	Date of Payment 9-6-19	Method of Payment: Check # / O Debit Card
171	8 Park S7. Hartfere		State Zip Code 7 04106
Purpose of Expenditure (by code)	Description Event Business Carols	#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked. None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: 0	ad) A • B • C • D	85.58
Name of Payee Street Address	fuedot	Date of Payment 9-9-19	Method of Payment: ☐ Check # ☐ Debit Card ☐ EFT
555	5 Hilten Are Baten Role	29-6 2	State Zip Code A 70808
Purpose of Expenditure (by code)	Description Events Description	# J	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked. None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: o	d) A o B o C o D	57. 2
Name of Payee	evett Printing of Evaphics	Date of Payment	Method of Payment: □ Check # / 0 □ □ Debit Card □ EFT
Street Address	1 Riversell Are Bistel		State Zip Code 7
Purpose of Expenditure (by code)	Description Event /	1	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked. None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization: o	ed) A O B O C O D	21,37
Name of Payee	res Becuch	Date of Payment $Q-10-1Q$	Method of Payment: ☐ Check # 103 ☐ Debit Card ☐ EFT
Street Address	z Main 87. Houtford	· 	State Zip Code COLO 3
Purpose of Expenditure (by code)	Description Event A		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked. None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: o	d) A o B o C o D	11.00
	SUBTOTAL Section P — This	Talking gard years Talking gard years	74,35
	TOTAL of additional Section P. P.	ages (7 ter
	TOTAL OF ALL EXPENSES PAID BY COMMIT (Enter total on Line 19, Column A of Summary Page I	The second secon	50,87

SEEC	FORM	20

Section P ADDITIONAL PAGE _____ of ____

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Λŧ	

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
I Ps	227 one for City (muci	10-10	- 2015	
	P. Expenses Paid by Committee			
Name of Payee	- 1)	Date of Payment	Method of Payment:	
H	nedo!	12.60	☐ Check # Debit Card ☐ EFT	
Street Address	City		State Zip Code	
5555	- Hilten the Batan 12	PUPP C	A 70808	
Purpose of Expenditure	Description Event	# ,	Amount	
(by code)	Precessing/ Cl Fee			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked	ed)	60	
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent		1/2	
	Consider and a state of a state of the state	AOBOCOD	į	
Name of Payee	. /	Date of Payment	Method of Payment:	
140	Vitage Dunters		Check # 104	
Street Address	City/		☐ Debit Card ☐ EFT State Zip Code	
101	1 Kinsley St. Her Feed		T 66103	
Purpose of Expenditure	Description Event	#	Amount	
(by code)	Palm Cacls			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked	rd)	1 7, 3 19	
(it Administration	None of the below		363, 4	
ļ	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: o	AOBOCOD		
Name of Payee	- Ospanianion, V	Date of Payment	Method of Payment:	
(an Battano	9-23-19	D-Check #	
Street Address	City C	(-2-1/	Debit Card EFT State Zip Code	
	Healing St. Harter	ℓ C	7 66165	
Purpose of Expenditure (by code)	Description	#	Amount	
)ZCU	See Cart (
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is check	ed)	73	
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent		1250.=	
		OA OB OC OD	Name of the second of the seco	
Name of Payee		Date of Payment	Method of Payment:	
(104d (arter	9-27-19	Deheck# OG	
Street Address	City / / /	, ()	☐ Debit Card ☐ EFT State Zip Code	
725	Asylum 87. Hartfad		7	
Purpose of Expenditure	Description Event	#	Amount	
(by code)	+ Distribution of Palm (acts)			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked	(d)		
	None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent			
		AOBOCOD		
	SUBTOTAL Section P — This	The second secon	676,52	
	TOTAL of additional Section P P	ages	· ·	
	TOTAL OF ALL EXPENSES PAID BY COMMIT (Enter total on Line 19, Column A of Summary Page 1)			

NAME OF COMMITTE	3E (Provide Complete Name of Régistered with Filing Reposito	י (פו	TY	'E OF RE	PORT	
- Ga	77000 for Cots	Coural		10	70-	Zeis
	T. Itemization of Reim	bursements and Secon	dary Pa	/ees		State of the state
Last Name of Worker/Cons	sultant WM	First Gres			Ml	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	7		Payment to	Reimburse (Committee Worker/Consultant as
05	PS				k#(03	☐ Debit Card ☐ EFT
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City	2 1			State Zip Code
	state trusp ag.	Honth	<u>c-el</u>			7 40163
Purpose of Expenditure (by code)	Description Stamps		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requir	red unless "None of the below" i	s checked)			
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expo		ndent zation: o A	ов о	C o D	//*
Last Name of Worker/Cons	ultant	First			MI	Date of Payment to Vendor, Person or Entity
1 Stop	77ano	Gary				
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	5		reported in	Section P:	Committee Worker/Consultant as Debit Card
Street Address of Vendor, F	Person or Entity Paid by Committee Worker/Consultant	City				State Zip Code
1/ 6	Fast Main St.	Men				T 46601
Purpose of Expenditure (by code)	Description Directossical Di	hote 1	Event #			Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum T Requir	•	s checked)			211.64
	☐ Coordinated with reimbursement sought (joint expe	in i	ndent zation: o A	ово	СОВ	
Last Name of Worker/Cons		First			MI	Date of Payment to Vendor, Person or Entity
150	770mo	Day				
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	T		Payment to reported in		Committee Worker/Consultant as
(L) cs	TONO 17799				k# <u>(0)</u>	☐ Debit Card ☐ EFT
Street Address of Vendor, P	Person or Entity Paid by Committee Worker/Consultant	City			C	State Zip Code
Purpose of Expenditure (by code)	Description	,	Event #			Amount
toes	Fizza @ Compa	ion We				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require	ed unless "None of the below" is	checked)			
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expe	•	ndent ation: OA	0 B 0	C O D	59.07
		SUBTOTAL Section T —	-This Pag	e	- (261,73
		TOTAL of additional Secti	on T Page	S	~	
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	WORKERS AND CONST	JLTANT	S.	2	le 1, 73